

Special Contact Instructions and Proxy Designation Form - Teen Patients 15-17

This is a multi-step process to allow LIMITED proxy access to a teen's account. This does NOT provide full access. Parent and teen MUST both sign this form authorizing the teen to have a MyChart® account. Then, the teen MUST sign up to grant proxy access by going to the "Messaging" tab and clicking on "Request Family Access." The MyChart® Administrator will verify the electronic request with this paper form.

Step 1	Patient Name _____
	Street Address _____ City _____ State _____ Zip _____
	Date of Birth _____ Physician _____ MRN _____ (Office use only)
	I hereby authorize Stormont Vail Health / Cotton O'Neil and designees to discuss the care and treatment, arrangements for care and treatment, or payment for care and treatment with the following individuals listed below who are involved with my care for the duration listed below. I understand that the provider may require a more specific release for certain information.
	This permission is effective for a period of: Only for the test or procedure specified _____ <input type="checkbox"/> One Month <input type="checkbox"/> Three Years <input type="checkbox"/> Other _____

Please print when filling out form. All information is required.

Step 2	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Via MyChart®</th> <th style="width: 10%;">Via Phone</th> <th style="width: 30%;">Who Can Access My Information: Name and Address</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 15%;">Phone Number (with Area Code)</th> <th style="width: 20%;">Relationship (No Abbreviations)</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Via MyChart®	Via Phone	Who Can Access My Information: Name and Address	Date of Birth	Phone Number (with Area Code)	Relationship (No Abbreviations)	<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>												
Email: _____													

Step 3	I understand that I am responsible to notify Stormont Vail Health/Cotton O'Neil in writing to revoke or modify this request. Stormont Vail Health/Cotton O'Neil will make reasonable efforts to comply with this request. This form will supersede all prior requests unless otherwise indicated.
	Patient Signature _____ Date _____ Time _____
	Parent Signature (required) _____ Date _____ Time _____
	*NOTE: If signed by a parent or personal representative, documentation regarding the person's legal authority must be verified and placed in the chart, <i>e.g.</i> Letters of Guardianship; Durable Power of Attorney for Health Care. Print the person's name and note the relationship to patient here:
	(Print Name) _____ (Relationship) _____ Staff Verification _____ Dept. _____ Date _____

Patient Name _____ Date of Birth _____

Special Contact Instructions and Proxy Designation Form - Continued

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		Via MyChart®	Via Phone	Who Can Access My Information: Name and Address	Date of Birth	Phone Number (with Area Code)	Relationship (No Abbreviations)
Step 2	<input type="checkbox"/>	<input type="checkbox"/>					
	Email:						
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